

## UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment Form)					
15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment Form)					
15a. ORGANIZATION'S NAME					
<b>OR</b>					
15b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME, SUFFIX	
16. MISCELLANEOUS:					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY					

  

17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (17a or 17b) - do not abbreviate or combine names					
17a. ORGANIZATION'S NAME					
<b>OR</b>					
17b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
17c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
				COUNTRY	
17d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	17e. TYPE OF ORGANIZATION	17f. JURISDICTION OF ORGANIZATION	17g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

  

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (18a or 18b) - do not abbreviate or combine names					
18a. ORGANIZATION'S NAME					
<b>OR</b>					
18b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
18c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
				COUNTRY	
18d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	18e. TYPE OF ORGANIZATION	18f. JURISDICTION OF ORGANIZATION	18g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

  

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> name (19a or 19b) - do not abbreviate or combine names					
19a. ORGANIZATION'S NAME					
<b>OR</b>					
19b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
19c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
				COUNTRY	
19d. TAX ID #: SSN OR EIN NOT REQUIRED IN RHODE ISLAND	ADD'L INFO RE ORGANIZATION DEBTOR	19e. TYPE OF ORGANIZATION	19f. JURISDICTION OF ORGANIZATION	19g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

  

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only <u>one</u> name (20a or 20b)					
20a. ORGANIZATION'S NAME					
<b>OR</b>					
20b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
20c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
				COUNTRY	

  

21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only <u>one</u> name (21a or 21b)					
21a. ORGANIZATION'S NAME					
<b>OR</b>					
21b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
				SUFFIX	
21c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
				COUNTRY	

### Instructions for RHODE ISLAND UCC Financing Statement Amendment Additional Party (Form UCC3AP)

Use this form to continue adding additional Debtor or Secured Party names as needed when filing a UCC Financing Statement Amendment (Form UCC3).

14. Enter file number of Financing Statement as shown on the Amendment to which this Amendment Additional Party relates, exactly as shown in item 1a of Amendment.
15. Enter Information exactly as shown in item 9 of Amendment.
16. Miscellaneous: Under certain circumstances, additional information not provided on Amendment may be required. Also, some states have non-uniform requirements. Use this space to provide such an information or to comply with such requirements; otherwise, leave blank.
- 17-19. If this Amendment Additional Party adds additional Debtors, complete items 17, 18, and 19 in accordance with instruction 1 of Financing Statement and give complete information for each additional Debtor. Be sure to complete either the organization's name or individual's name items.
- 20-21. If this Amendment Additional Party adds additional Secured Parties, complete items 20 and 21 in accordance with instruction 3 of Financing Statement and give complete information for each additional Secured Party.